Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED					
		FCL011223	B, WING		12/30	2014			
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, ST						
EVERGREEN LIVING HOME #10 238 COUNTRY TIME CIRCLE LEICESTER, NC 28748									
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BY		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE			
C 000	Initial Comments		C 000		1	1			
	Report by Glenn Hoppin			CONSTRUCTION SECTION					
		n Section conducted a		JAN 27 2015		1			
	Complaint Survey	on December 30, 2014 at the		RECEIVED	1				
	the home was first 1996 as a Family C with no more than (un-able to evacua physical or verbal amergency). Base requiring the home the following: the 1 Homes Minimum a Regulations", the amount the 1996 Non-Section 419.3 - Section 419.3 - S	scillty. DHSR records indicate licensed on December 16, Care Home for six Residents three who are non-ambulatory assistance during a fire or other d on this information we are to maintain compliance with 1992 "Rules for Family Care and Desired Standards and applicable portions of the 2005 13G for Family Care Homes, the Caroline State Bullding Code small Residential Care visit, we cited deficiencies that able plan of correction. They are		RECEIVEL					
C 170	Fire Safety-Any O	ther City Ordinances	C 170						
	DISASTER PLAN	316 FIRE SAFETY AND							
	met.								
	A fire drill was of County Fire Mers Drill the residents elarm and no residents.	net as evidenced by: conducted by the Buncombe hal on Dec 09, 2014. During the and staff did not react to the fin dents evacuated the facility. Or 14 a fire drill was conducted by	9						
Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE GROWN TITLE Admin's Grater (xe) DATE 27									

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED					
				1200	12014				
Intitle OI. Litto single as continue.									
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULAYORY OR USC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE DATE				
e staff with DHSR beerving the fire di Il understanding of ocedures and did set the fire alarm e Buncombe Cousining to all staff a mergency evacual apond to a fire alarm on the Dec 09, 2 ecember 30, 2014 e fire alarm syste arm condition. In ill not activate the aining for all staff peration of the fire arriers, were delat orrect facility and inderstanding of the mergency responsis creates a delay consult with the Bund implement any irectives given by irectives given by irectives given by	Construction and DSS rill. The staff did not have a of proper evacuation not know how to operate or system. With assistance from nty Fire Marshall, provide and residents on proper tion procedures and how to arm. 2014 survey and on the 4 survey it was observed that m was silenced with an active this state any new fire alarms alarm system. Provide members on the proper alarm system. the Buncombe County Fire that on several occasions ders have been dispatched to to cultural and language yed in responding to the were not given a clear ne emergency. The ders do not speak Korean and y in reacting to the emergency, uncombe County Fire Marshall y recommendations or the fire Marshall to improve								
Outside Premises- SECTION .0300 - IOA NCAC 13G .0 a) The outside g amily care homes	Clean, Safe THE BUILDING 318 OUTSIDE PREMISES rounds of new and existing shall be maintained in a clean	C 183							
	SECTION SUPPLIER On the Dec 09, 2 elember 30, 201- e fire alarm syste among for all staff peration of the fire alarm condition. In all not activate the alarm syste arm condition. In all not activate the alarm syste arm condition. In all not activate the alarm syste arm condition. In all not activate the alarm syste arm condition. In all not activate the alarm syste arm condition. In all not activate the alarm syste arm condition. In all not activate the alarm syste arm condition. In all not activate the alarm syste arm condition. In all not activate the alarm syste arm condition with the same facility and due arriers, were delatored facility and due arriers, were delatored facility and inderstanding of the mergency response tract facility and inderstanding of the consult with the Bronsult wit	MIDER OR SUPPLIER STREET ADD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION) Dontinued From page 1 E staff with DHSR Construction and DSS IDENTIFYING INFORMATION) Dontinued From page 1 E staff with DHSR Construction and DSS IDENTIFYING INFORMATION) Dontinued From page 1 E staff with DHSR Construction and DSS IDENTIFYING INFORMATION) Dontinued From page 1 E staff with DHSR Construction and DSS IDENTIFYING INFORMATION) Dontinued From page 1 E staff with DHSR Construction and DSS IDENTIFYING INFORMATION) Dontinued From page 1 E staff with DHSR Construction and DSS IDENTIFYING INFORMATION) Dontinued From page 1 E staff with DHSR Construction and DSS IDENTIFYING INFORMATION) DONTINUE FROM INFORMATION INFORMATION ON the fire alarm system. With assistance from the Buncombe County Fire IDENTIFYING INFORMATION INFO	CALIFORM CALIFORM	PERIORIENCIES CORRECTION (X1) PROVIDENSUPPLIER DENTIFICATION NUMBER: FCL011223 MOER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 236 COUNTRY TIME CIRCLE LEICESTER, NC 28748 SUMMARY STATEMENT OF DEFICIENCIES GLECACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION) Intillued From page 1 e staff with DHSR Construction and DSS serving the fire drill. The staff did not have a lunderstanding of proper evacuation occulures and did not know how to operate or set the fire alarm system. With assistance from a Buncombe County Fire Marshall, provide aining to all staff and residents on proper mergency evacuation procedures and how to apond to a fire alarm. On the Dec 09, 2014 survey and on the exember 30, 2014 survey and on the exember 30, 2014 survey it was observed that e fire alarm system was silenced with an active aiming for all staff members on the proper peration of the fire alarm system. Discussion with the Buncombe County Fire larshall revealed that on several occasions mergency responders have been dispatched to the facility and were not given a clear mergency responders do not speak Korean and dis creates a delay in reacting to the errect facility and were not given a clear miderstanding of the emergency. The mergency responders do not speak Korean and dis creates a delay in reacting to the errect facility and were not given a clear miderstanding of the emergency. The mergency responders do not speak Korean and dis creates a delay in reacting to the mergency responders do not speak Korean and dis creates a delay in reacting to the mergency responders do not speak Korean and dis creates a delay in reacting to the mergency responders do not speak Korean mergency temponders do not speak Korean mergency because the service of the service	DEFICIENCIS CONSTRUCTION NUMBER: DEFICIENCIS DISPARATION NUMBER: DEFICIENCIS DEFICIENCY				

PRINTED: 01/09/2015 FORM APPROVED

Division of Health Service Regulation									
AND BLAN OF CORRECTION IDENTIFICATION MUNICIPAL	(X2) MULTIPLE CONSTRUCTION (X3) DAY								
A, dojilbino	A, BUILDING: 01								
FCL011223 B. WNG		12/30/2014							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY,	STATE, ZIP CODE								
EVERGREEN LIVING HOME #10 236 COUNTRY TIME CIRCLE									
LEICESTER, NC 287									
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (X6) (EACH CORRECTIVE ACTION SHOULD BE COMPLET CROSS-REPERENCED TO THE APPROPRIATE DATE								
C 183 Continued From page 2 C 183									
This Rule is not met as evidenced by: 1. During the survey it was observed that a fire pit used to burn leaves and other materials was located within 8 feet of the building. Cease all	burning area, Tramed no more burning or with in life. if we need evarded we will call. fire in for permit,	de stact utside							

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